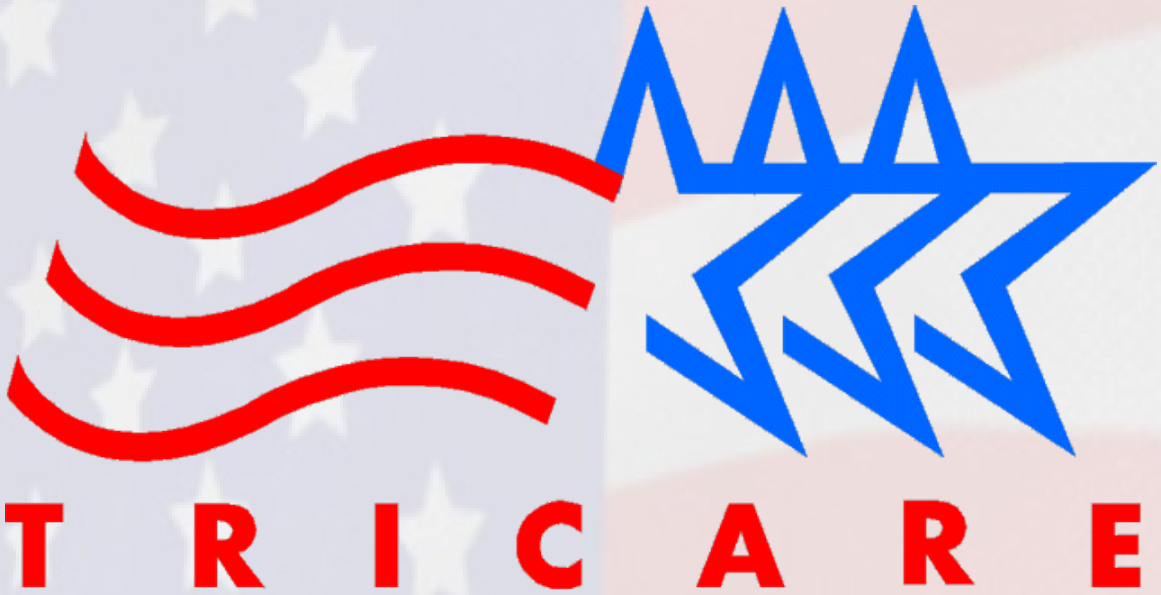


2000

“Focus on Performance”

Resource Sharing
An Opportunity to Enhance Healthcare

1 February 2000

Major Tom Steinbrunner, TMA-RM/FA&I
Captain Patricia Bannow, Naval Medical Center Portsmouth

RESOURCE SHARING

It's ALIVE!!!

TRICARE

Resource Sharing Update

- **$41.4M increase in Resource Sharing Agreements**
  - → **33% increase**
  - **Jan 99 - $124.2M**
  - **Jan 00 - $165.6M**
- **4 regions over threshold (2, 9, 11, 12) (6 close)**
- **Overall, 83.5% expenditures of threshold**
- **Most significant agreements**
  - **Region 2: $3M -> $24.4M (~800%)**
  - **Region 11: $4.5M -> $11.4M (~250%)**
  - **Region 6: $18.4M -> $30.1M (~165%)**

Outline

- Resource Sharing Principles
- Shining Examples
  - →Naval Medical Center Portsmouth
  - TRICARE Northwest Region

Resource Sharing Principles

Resource Sharing Program:

- MCSC bids investment and savings up front
- MCSC pays for asset to be placed in MTF
  - Personnel
  - Equipment
  - Supplies
  - Equipment Maintenance
- MCSC can pay for MTF marginal cost
- Majority of care should be for CHAMPUS eligibles
- Additional workload enabled by Resource Sharing assets is not added to BPA workload count

Resource Sharing Advantages: Cost Savings

- Eliminate capacity bottlenecks in the MTF
- Recapture CHAMPUS care
- Incur marginal cost within the MTF
- Avoid full cost downtown
- Share in MCSC gains / reduce losses

Resource Sharing Advantages: Procurement Ease

- Avoid long lead times associated with “Direct Contracts” via installation channels
- Avoid personnel ceilings
- Avoid O&M constraints
- Avoid OPM bureaucracy

Resource Sharing Advantages: For the Beneficiary

- Avoid co-pays
- Continuity of care
- One stop shopping
- Preferred source of care

Shining Example
Naval Medical Center Portsmouth

Charette Health Care Center

Unique considerations at NMC Portsmouth

- New Charette Health Care Center (New Opportunities)
- Impact of Revised Financing where the contractor is not at risk for MTF Prime patients(applies in all of regions 1, 2, and 5)

Project Development

- Power Teams with representatives from clinical, nursing, resources, TMAR2, contractor and sub-contractor
- Oversight by Board of Directors
- Negotiation of workload credit by representatives from MTF, TMAR2, contractor and sub-contractor

Project Development

- Over 3 month period, reached an agreement on 37 projects
- Primary focus of agreements was on nursing, ancillary, and support staff
- Projected increase in workload from improved provider efficiency

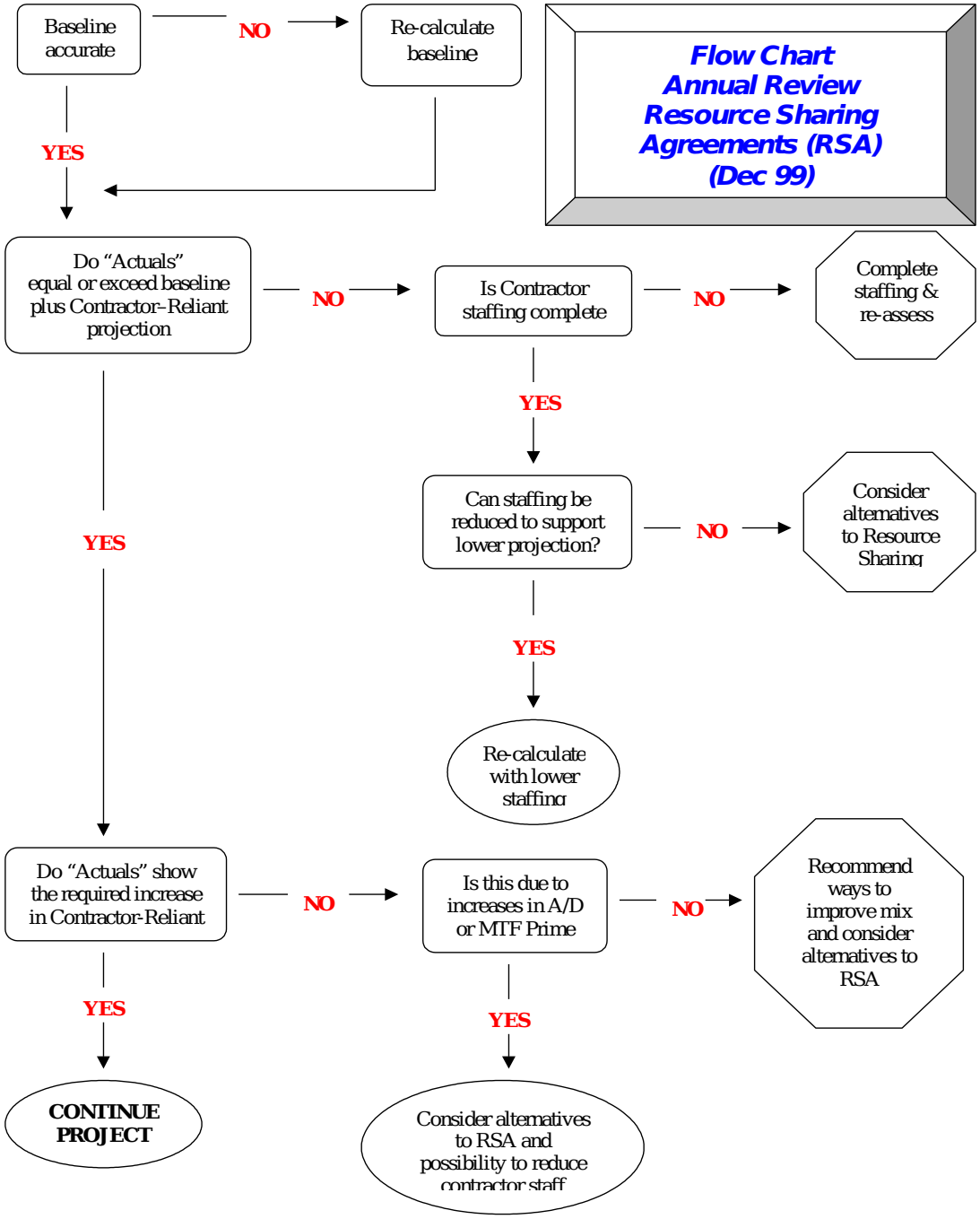
Project Implementation

- 1 April 99 NMC Portsmouth Commander approved 37 projects
- Hiring begun for 400+ Resource Sharing staff
- Staffing continues to be a work-in-progress and requires MTF involvement (i.e. credentialling, etc.)

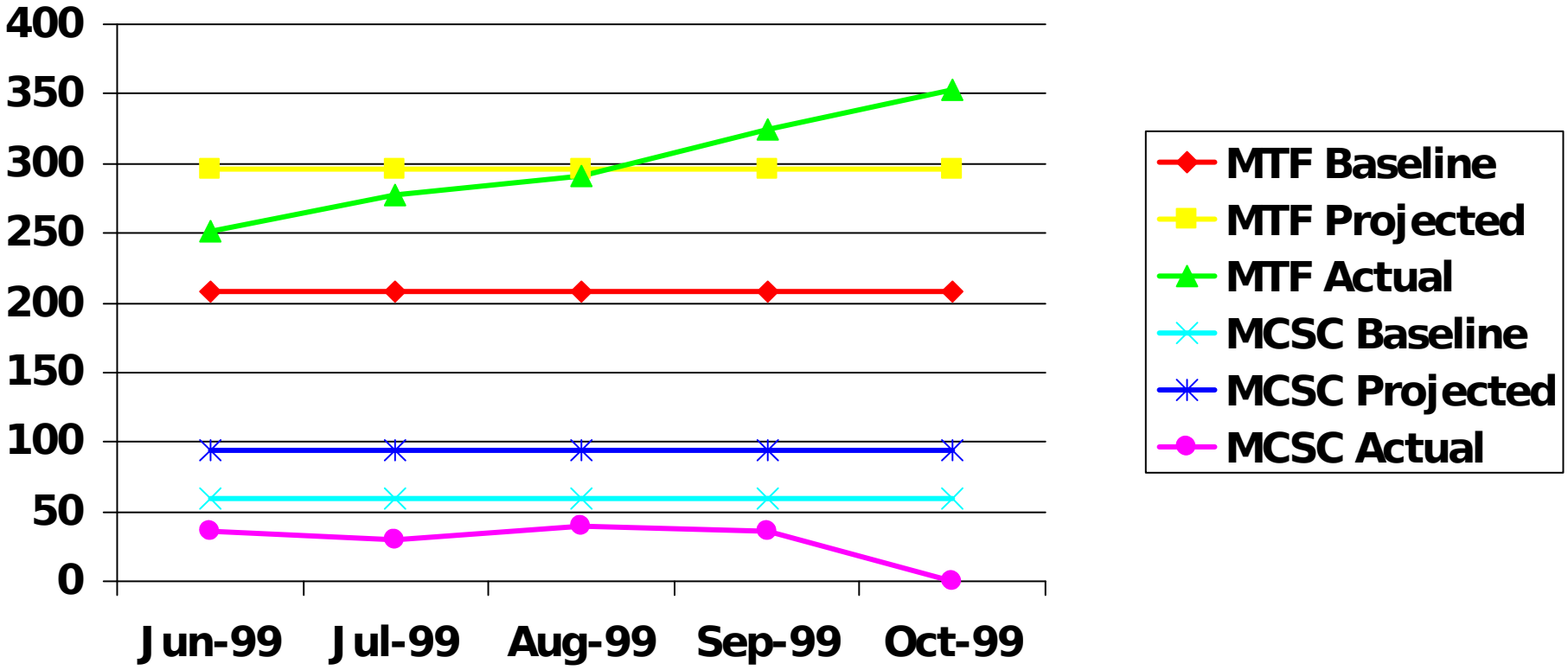
Outcomes

- Success stories - performance against expectations
- Use of Clinic Managers

Flow Chart Annual Review Resource Sharing Agreements (RSA) (Dec 99)



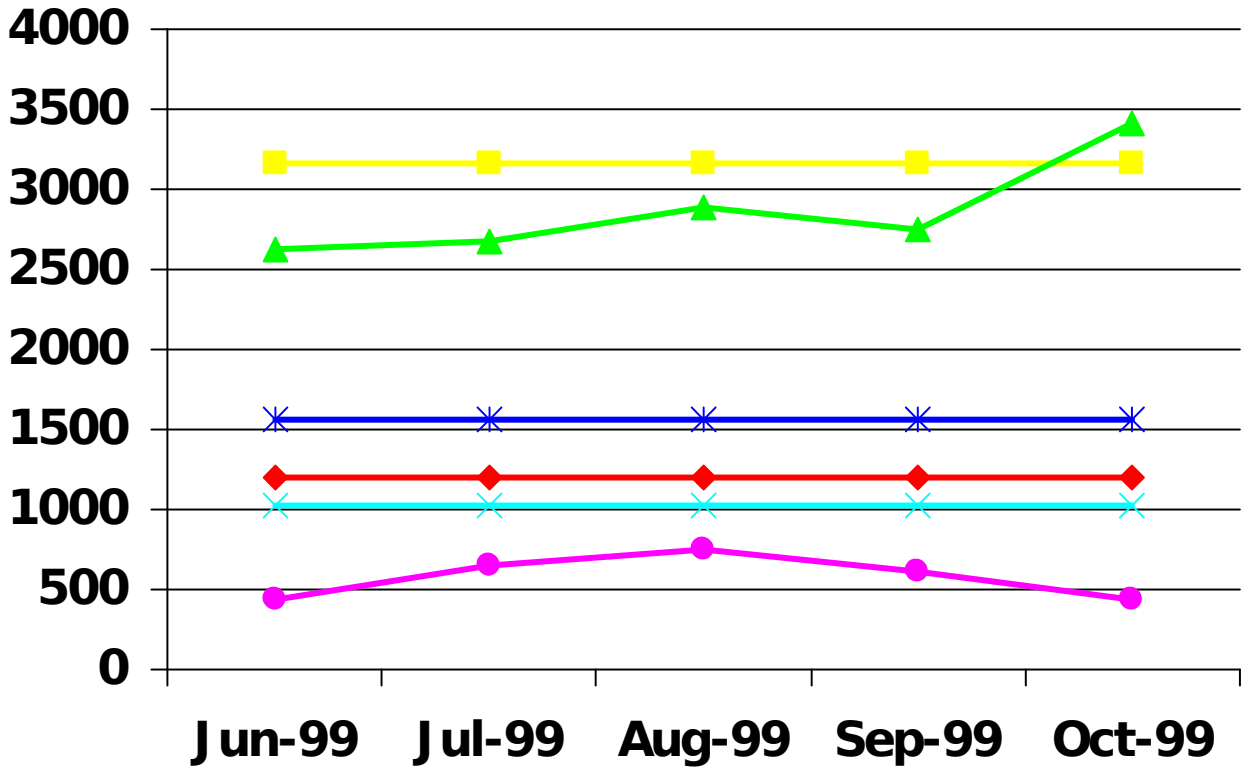
Obstetrics / NICU Project



RS Staff - 46/66
MTF Staff -249

Aug 99 Billback: $ 73,860.19
Sep 99 Billback: $

Internal Medicine Project

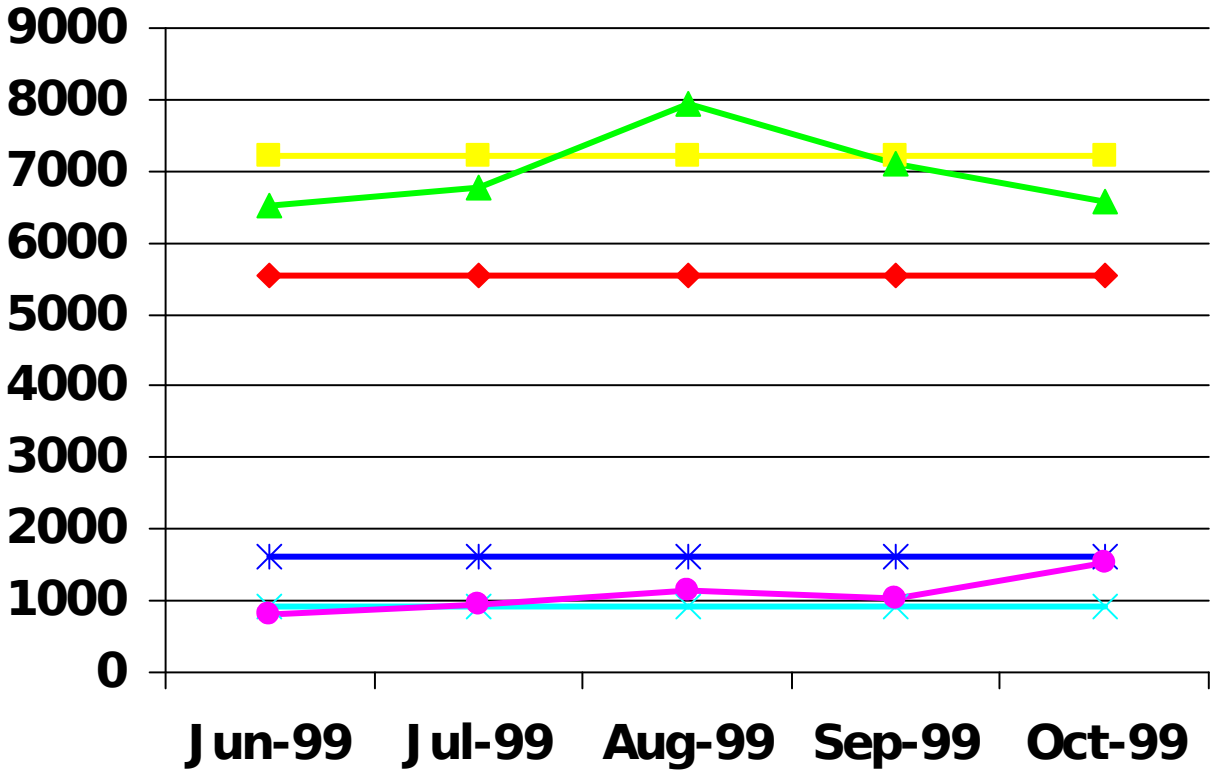


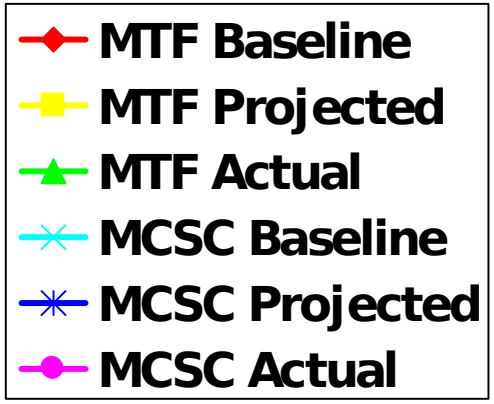
Deferrals
Jun-Oct 98: 113
Jun-Oct 99: 105

RS Staff 15/16
MTF Staff 107

Aug 99 Billback: $ 0
Sep 99 Billback: $ 0

Orthopedics / PT Project



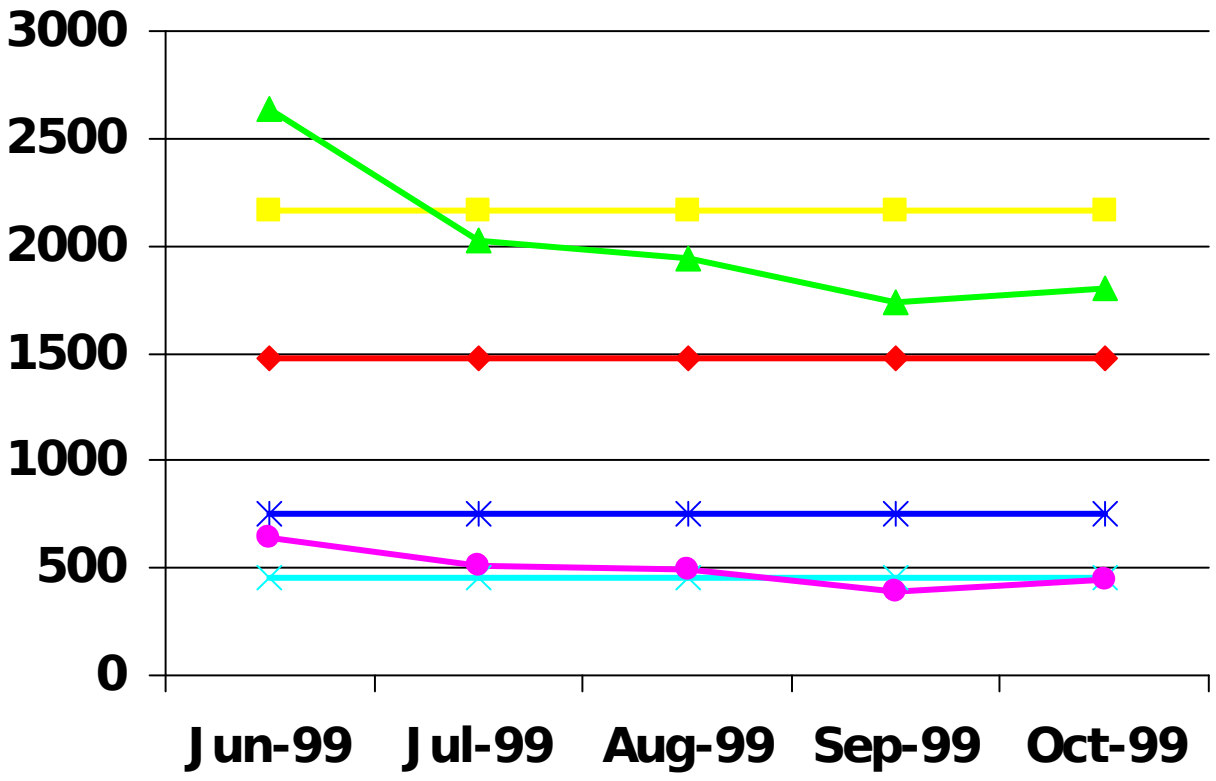


Deferrals
Jun-Oct 98: 164
Jun-Oct 99: 524

RS Staff - 29/31
MTF Staff -110

Aug 99 Billback: $ 43,309.22
Sep 99 Billback: $

General Surgery Project

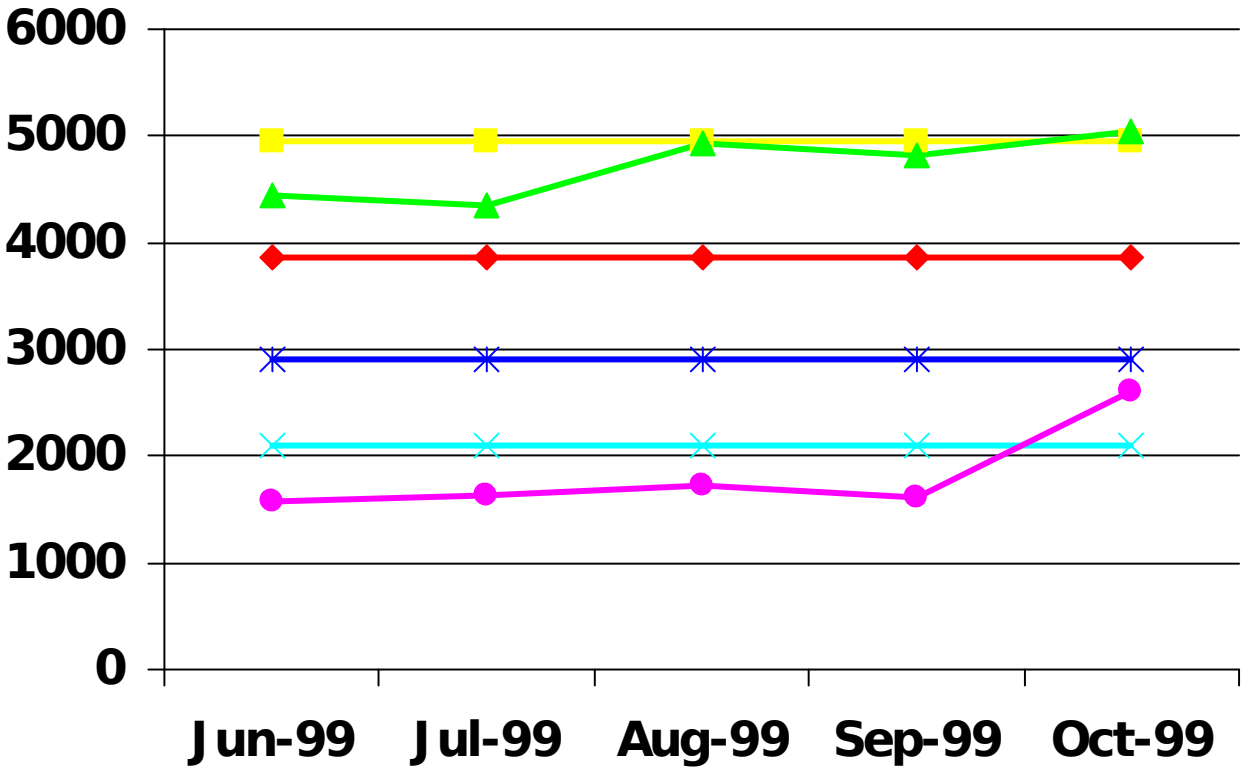


Deferrals
Jun-Oct 98: 101
Jun-Oct 99: 65

RS Staff - 9/10
MTF Staff -102

Aug 99 Billback: $ 0
Sep 99 Billback: $ 0

Peds Project

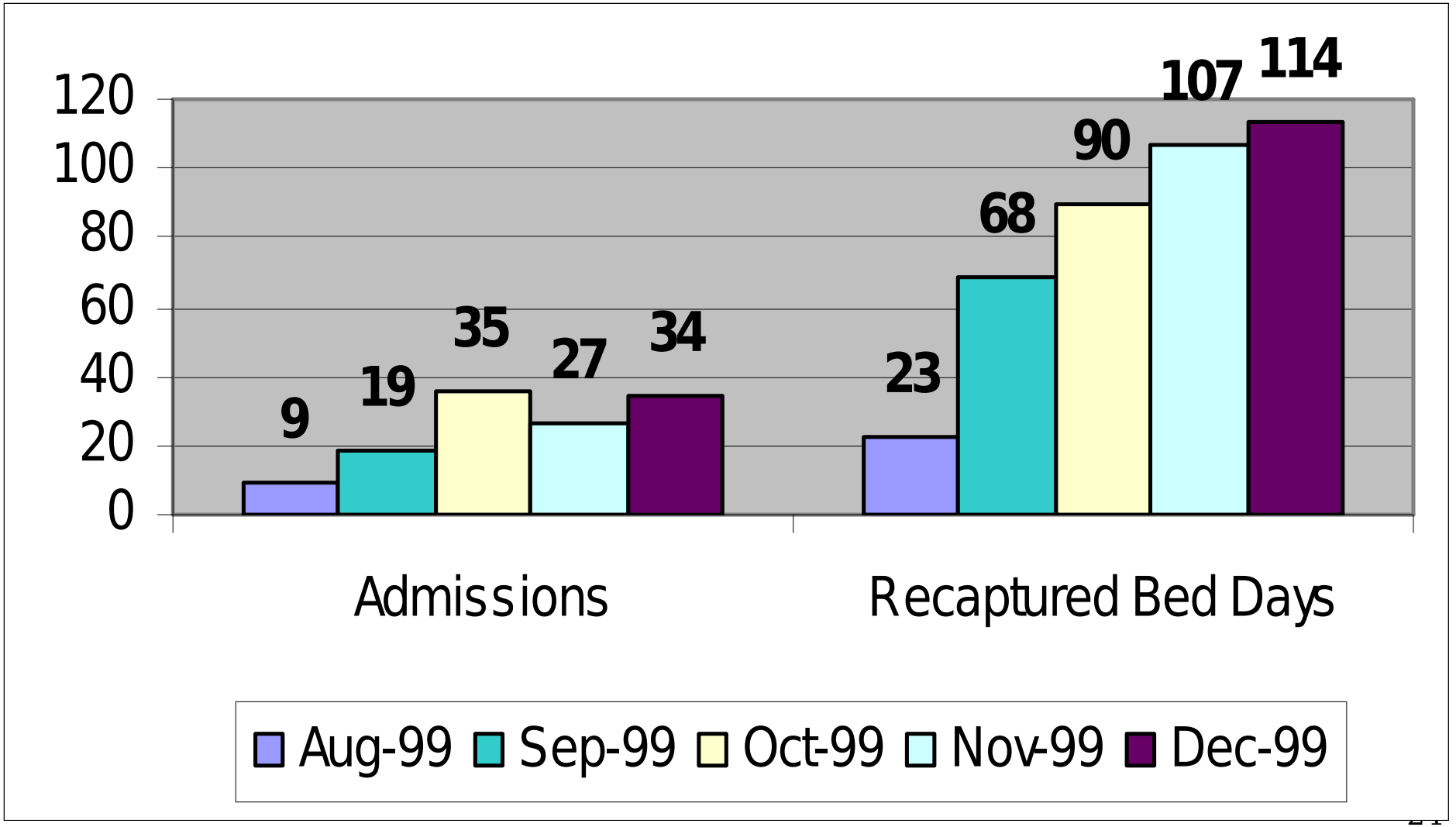


Deferrals
Jun-Oct 98: 606
Jun-Oct 99: 74

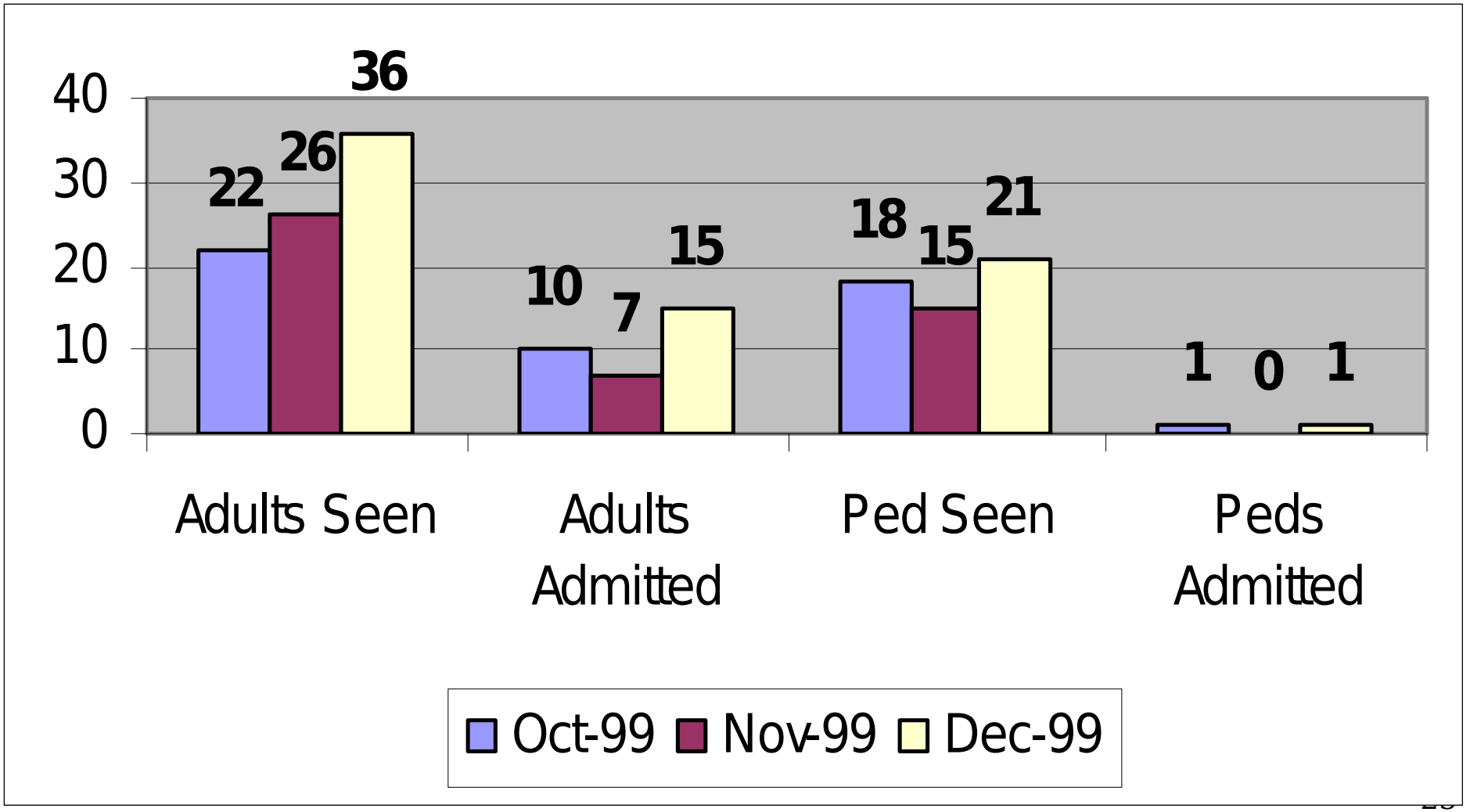
RS Staff 66.8/85
MTF Staff 184

Aug 99 Billback: $ 83,427.67
Sep 99 Billback: $

Success Stories: PICU



Success Stories: 23Hr Obs Unit



Use of Clinic Managers

First Things First: Primary Targets

- Focus on Customer Service
- Maximize appointments in templates
  - This is a daily activity!
- Fill all appointments
- Open and solidify lines of communication with Tricare Service Center (identify key points of contact at TSC, get and give phone numbers.

Core Elements of Clinic Manager Position Description

- Capture and document all reportable workload

- Identify all COMMON ROADBLOCKS to achieving maximum thruput, make recommendations for blasting away roadblocks, prioritize recommendations for maximum benefit.

Management Challenges

- Close monitoring of output from individual workcenters to determine if goals are met
- Adjusting contractor provided staff to correspond with output
- Monthly review by senior leadership of MTF - TMAR2 and contractor participation
- Development of new tools to monitor

Outlook

RSA projects will continue to be an integral part of the command structure for the foreseeable future

Adjustments will be necessary to accommodate changes in health care structure (i.e. increased enrollment)

TRICARE Northwest Region

Keys to Regional Success

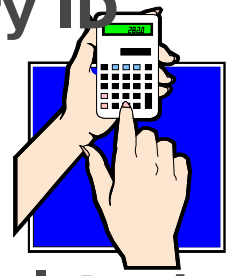
Keys to Regional Success

- **Education**
  - Administration and Clinician Level
  - LA goes mobile!
- **Robust interaction with MCSC**
  - Id'ing opp'ties
  - Recruiting
  - Integrating RS staff
  - Monitoring for success
- **Workload Targets**
  - MTF, LA, MCSC "on board"
- Flexibility

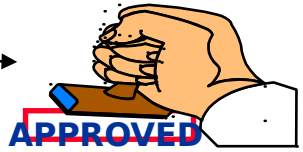
Identification/Implementation Process

Coordinated Opp'ty ID
Prelim Analysis

Written Proposal

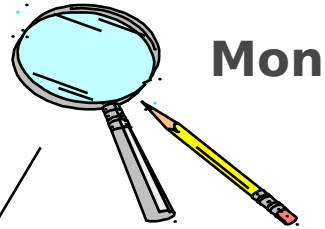


Financial Analysis



MTF
LA
CO

Implement Agreements

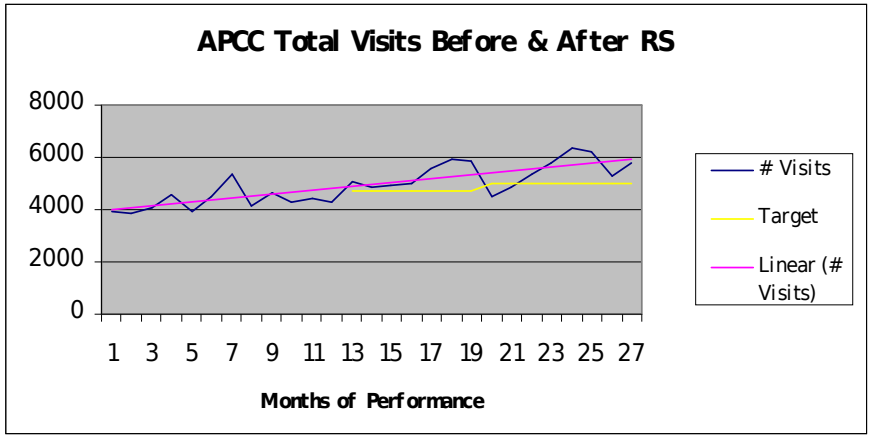


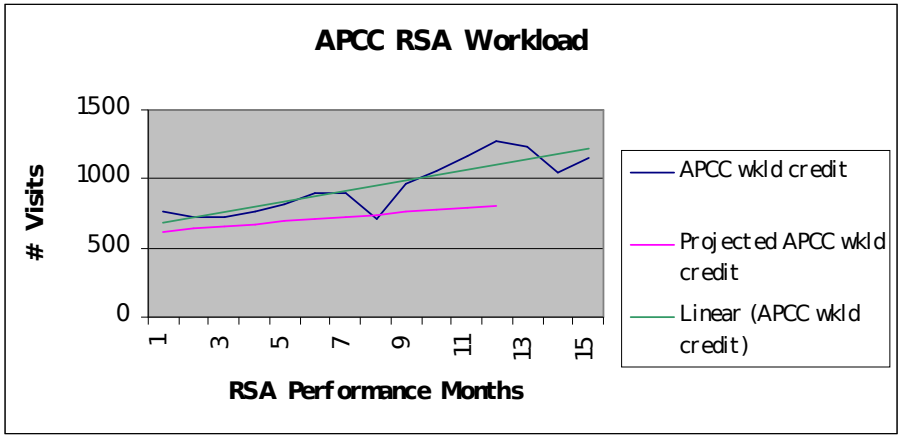
Monitor

Modify/Cancel If Necessary

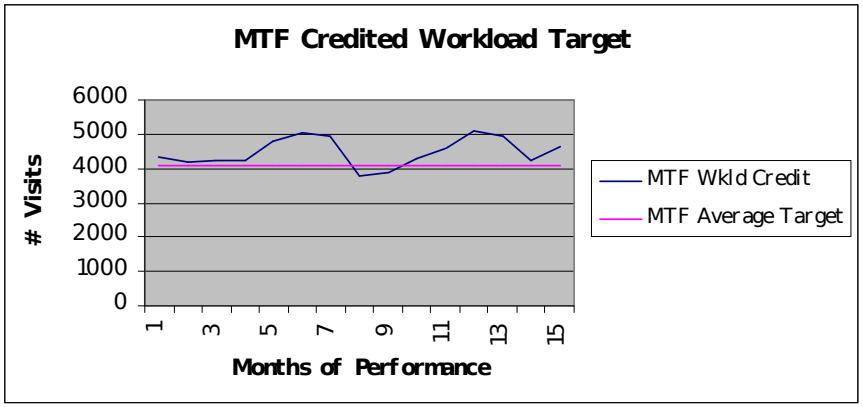
Region 11 Success Stories

Adult Primary Care Clinic



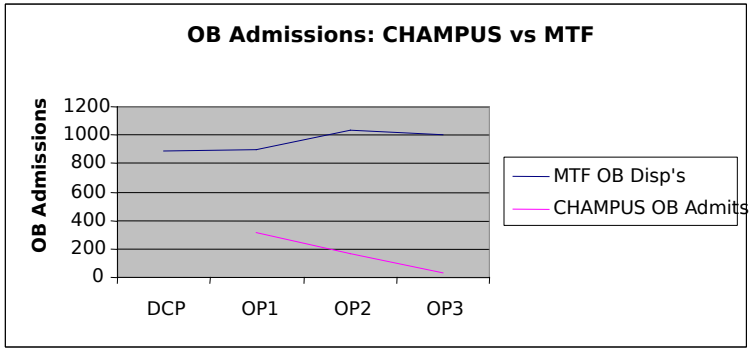


1 RN
2 LPN
1 RN Triage Nurse

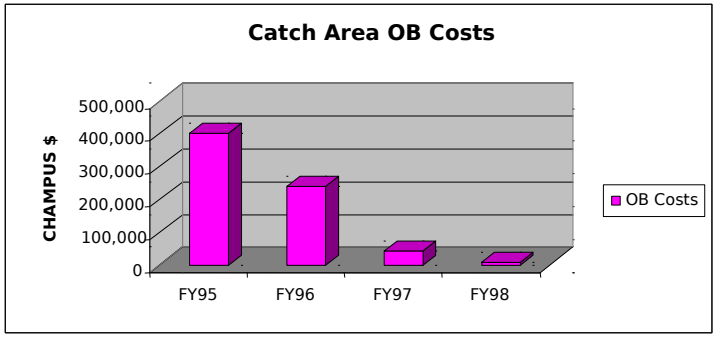


Region 11 Success Stories

Inpatient Obstetrics



Original RS personnel
1 Anesthesiologist
1 OB clinic RN
1 Post-partum clinic RN
9 OB ward RNs
3 OB clinic LPNs
5 OB ward LPNs
1 clinic med clerk
.5 transcriptionist



"Tweaked" RS Personnel
7 RNs
6 LPNs

Cost comparison:

CHAMPUS = $4.3K per
RS/MTF = $3.6K per (including marginals)

Region 11 Success Stories

Temporary Amb Surg

- 2 months (Dec 98 - Jan 99)
- Negotiated CHAMPUS tier rates (80%)
- ~120 cases
- Cost avoidance
- Maintain skills
- Liaison with community

Primary Care Summer Backfi

- 5 months
- 5 providers (4 needed to travel)
- 3 month recruit/credential time
- Cost avoidance
- Locum tenens
- In-state licensure

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